

**FORM LM-30**  
**LABOR ORGANIZATION OFFICER AND**  
**EMPLOYEE REPORT**

This report is mandatory under P.L. 86-367, as amended. Failure to comply may result in criminal prosecution, fines or civil penalties as provided by 29 U.S.C. 438 or 440.

**READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.**

1. File Number U- 7819	2. Fiscal Year Covered From: 1 / 1 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing:	
Name TIMOTHY G LITMAN	4. Name, file number, and address of labor organization:
P.O. Box, Bldg., Room No., if any	Name IRONWORKERS LOCAL UNION NO. 550
Street 9488 CLEARNAY NW	Labor Organization File Number 032-576
City MASSILLON	P.O. Box, Building and Room Number, If any
State Ohio ZIP Code + 4 44646	Street 618 HIGH AVENUE N.W.
5. Position in labor organization. EXAM. COMM., TRUSTEE	City CANTON
	State Ohio ZIP Code + 4 44703

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
Name _____	_____
Trade Name, if any: _____	_____
P.O. Box, Bldg., Room No., if any: _____	_____
Street _____	7.b. Amount.
City _____	_____ \$0
State _____ ZIP Code + 4 _____	

Signatur

Street			
City			
State	ZIP Code + 4		

b. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name \_\_\_\_\_

Trade Name, if any: \_\_\_\_\_

P.O. Box, Bldg., Room No., if any: \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_

State ZIP Code + 4 \_\_\_\_\_

11.a. Nature of such dealing.

11.b. Approximate dollar value of such dealing. \_\_\_\_\_

12.a. Nature of interest held or income received.

12.b. Amount. \_\_\_\_\_

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name \_\_\_\_\_

Trade Name, if any: \_\_\_\_\_

P.O. Box, Bldg., Room No., if any: \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_

State ZIP Code + 4 \_\_\_\_\_

14.a. Nature of payment.

13.b. Is the Business an Employer  or Consultant  ?

14.b. Amount of payment. \_\_\_\_\_